THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO CHANGE.

Companion Document For

ANSI ASC X12N 837P 4010A1 (Health Care Claim - Professional) Submission To

Alabama Medicaid

Original Publication Date: February 2003

The Health Insurance Portability and Accountability Act (HIPAA) requires that Alabama Medicaid, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI ASC X12N 837P - Professional implementation guides have been established as the standards of compliance for Professional Health Care Claim transactions. The implementation guides for each transaction are available electronically at www.wpc-edi.com.

The following information is intended to serve only as a companion document to the HIPAA ANSI ASC X12N 837P - Professional implementation guide. The table contains specific requirements to be used for processing data in the Alabama Medicaid Management Information System (AMMIS).

The use of this document is solely for the purpose of clarification. This document supplements, but does not contradict, any requirements in the ANSI ASC X12N 837P - Professional implementation guide. Additional companion documents will be developed for use with other HIPAA standards as they become available.

Note: The information in this document is subject to change. Please refer to the version number and effective date located in the footer of this document for the latest information available. Changes within the document will be in red type. A copy of the most current version of this companion document can be obtained from the internet at http://www.medicaid.state.al.us/HIPAA/index.htm.

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO CHANGE.

ITEM #	LOOP	SEGMENT NAME	LANGUAGE
1.	-----	-------	Alabama Medicaid will convert all lower case characters submitted on an inbound 837P file to upper case when sending data to the AMMIS.
2.	-----	-------	You must submit incoming 837P data using the basic character set as defined in Appendix A of the 837P - Professional Implementation Guide. In addition to the basic character set, you may choose to submit lower case characters and the '@' symbol from the extended character set.
3.	-----	-------	The incoming 837P transactions utilize delimiters from the following list: > (greater than), * (asterisk), ~ (tilde), : (colon), | (pipe), ! (exclamation point), and ^ (carat). Submitting delimiters not supported within this list may cause unpredictable results. Preferred delimiters are: ~ (tilde) for segment separators, * (asterisk) for data element separators, and : (colon) or > (greater than) for component data element separators. The usage of these characters within text data elements in the incoming 837P transaction may cause problems with creation of subsequent transactions.
4.	-----	-------	Only loops, segments, and data elements valid for the HIPAA 837P - Professional Implementation Guide will be translated. Submitting data that is not valid based on the Implementation Guide will cause files to be rejected.
5.	-----	-------	All dates that are submitted on an incoming 837P transaction must be valid calendar dates in the appropriate format based on the respective qualifier and corresponding date format defined in the implementation guide. Failure to submit a valid calendar date will result in rejection of the claim or the applicable interchange (transmission).
6.	-----	-------	Alabama Medicaid will process only one transaction type (records group) per interchange (transmission); a submitter must submit only one GS-GE (Functional Group) within an ISA-IEA (Interchange).
7.	-----	-------	Alabama Medicaid will process only one transaction per functional group; a submitter must submit only one ST-SE (Transaction Set) within a GS-GE (Functional Group).

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO CHANGE.

ITEM #	LOOP	SEGMENT NAME	LANGUAGE
8.	-----	-------	We suggest retrieval of the ANSI 997 functional acknowledgment files on the first business day after the 837P file is submitted, but no later than five days after the file submission. A 997 (Functional Acknowledgment) will be returned to the sender once a transaction set is received and processed.
9.	-----	-------	File compression is supported for transmissions between the submitter and Alabama Medicaid. Any compression software that is compatible with PKZIP by PKWARE, Inc. is supported.
10.	-----	-------	Alabama Medicaid expects the Medicaid Provider Number to be in the Secondary Provider Id fields. In the future when NPI is implemented, the Provider Primary Id will contain the NPI number. Until the NPI is implemented Alabama Medicaid expects either the SSN or the EIN to be sent in the Provider Primary Id fields.
11.	-----	Interchange Control Header	Use 'ZZ' as the Interchange ID Qualifier associated with the Interchange Sender ID (ISA05).
12.	-----	Interchange Control Header	• Use the Provider Submitter ID assigned by Alabama Medicaid followed by the appropriate number of spaces to meet the minimum/maximum data element requirement of 15 bytes as the Interchange Receiver ID in ISA06. • For web submissions, the submitter id in the file must match with the user id that submits the file, otherwise the file will not be processed. There should be only one ISA/IEA envelope per batch file submission. • For FTP to the mainframe, multiple transactions (ISA/IEA envelopes) submitter ids may be submitted within the batch for each file, but a 997 will be returned for each ISA/IEA envelope within the batch. If only one 997 is desired, then the files in the batch should contain one set of ISA/IEA, GS/GE and ST/SE envelope segments per file.
13.	-----	Interchange Control Header	Use 'ZZ' as the Interchange ID Qualifier associated with the Interchange Receiver ID (ISA07).
14.	-----	Interchange Control Header	Use '752548221' followed by 6 spaces (to meet the minimum/maximum data element requirement of 15 bytes) as the Interchange Receiver ID in ISA08.

ITEM #	LOOP	SEGMENT NAME	LANGUAGE
15.	-----	Functional Group Header	Use the Provider Submitter's ID assigned by Alabama Medicaid as the Application Sender's Code in GS02.
16.	-----	Functional Group Header	Use '752548221' as the Application Receiver's Code in GS03.
17.	-----	Functional Group Header	GS08 should be populated with '004010X098A1' and all changes per the addenda be incorporated in the 837P transaction.
18.	2010AA	Billing Provider Name	NM108 should equal '24' or '34' and NM109 should equal the Employer's Identification Number or the Provider's Social Security Number. Currently 'XX' is not to be sent. In the future when NPI is implemented, NPI will be required to be sent for the Provider Primary Id.
19.	2010AA	Billing Provider Secondary Identification	REF01 should equal '1D' Medicaid Provider Number and REF02 should equal the Primary Provider ID. If REF01 equals '1C' Medicare Provider Number, then REF02 should equal the Medicare Provider Id.
20.	2010BA	Subscriber Name	The Identification Code Qualifier element (NM108) will be 'MI' (Member Identification Number) and the Recipient ID will be entered into the Identification Code element (NM109).
21.	2010BA	Subscriber Secondary Identification	If used, the Reference Identification Qualifier element (REF01) will be equal to 'SY' (Social Security Number) and the SSN should be entered into the Reference Identification element (REF02).
22.	2300	Claim Information	For EPSDT related claims, CLM12 should equal '01'.
23.	2300	EPSDT Referral	Per the addenda, this segment must be populated if CLM12 = 01.
24.	2300	Service Authorization Exception Code	If used, choose the best value to indicate the type of Maternity Override or if the service was due to an emergency. REF01 = 4N, REF02 = 3 (Emergency) REF01 = 4N, REF02 = 5 (Bypass Maternity Care Provider Contract Check) REF01 = 4N, REF02 = 6 (Claim exempt from Maternity Care Program edits) REF01 = 4N, REF02 = 7 (Force into Maternity Care Program)
25.	2300	Original Reference Number (ICN/DCN)	If an adjustment needs to be made to a previously paid claim, REF01 will equal 'F8' and REF02 will equal the original Internal Control Number (ICN) that was assigned to the paid claim.

ITEM #	LOOP	SEGMENT NAME	LANGUAGE
26.	2310A	Referring Provider Name	If used and the SSN or EIN is not known, NM108 should equal '34' and NM109 should equal all 9's.
27.	2310A	Referring Provider Secondary Identification	If used, REF01 should equal '1D' Medicaid Provider Number and REF02 equal the Primary Provider ID.
28.	2310A	Referring Provider Secondary Identification	For Surgeons and Anesthesia Providers, **Effective July 1, 2004**, the UPIN number must be submitted on the claim for the Referring Surgeon/Physician. REF01 = 1G and REF02 = UPIN.
28.	2310B	Rendering Provider	If used, NM108 should equal '24' or '34' and NM109 should equal the Employer's Identification Number or the Provider's Social Security Number. Currently 'XX' is not to be sent. In the future when NPI is implemented, NPI will be required to be sent for the Provider Primary Id.
29.	2310B	Rendering Provider Secondary Identification	If used, REF01 should equal '1D' Medicaid Provider Number and REF02 should equal the Primary Provider ID.
30.	2320	Other Subscriber Information	Group Number for other insurance will be reported in SBR03.
31.	2330A	Other Subscriber Name	Policy Number for other insurance will be reported, the Identification Code Qualifier element (NM108) will be 'MI' (Member Identification Number) and the Policy Number will be entered into the Identification Code element (NM109).
32.	2330A	Other Subscriber Name	If the Other Subscriber SSN is known, it will be reported in REF02.
33.	2400	Professional Service	For EPSDT related claims, SV111 should equal 'Y'.
34.	2400	Line Counter	Make sure the Service Line LX segment begins with 1 (not 0) and is incremented by 1 for each additional service line of a claim (LX01). The LX functions as a line counter.
35.	2400	Professional Service	Acceptable values for the units of service field are whole numbers that are greater than zero.
36.	2420A	Rendering Provider Secondary Identification	If used, REF01 should equal '1D' Medicaid Provider Number and REF02 equal the Primary Provider ID.
37.	2000C	Patient Hierarchical Level	Dependent Level information will not be used for processing Professional Health Care Claims with Alabama Medicaid.